PTO/SB/08A (10-01)
Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Control number.

Substitute for form	1449A/PTO	C	Compl te if Known			
INFORMA	TION DICOLOGI	Application Number				
	TION DISCLOSU	I Filing Date				
STATEME	NT BY APPLICA	NT First Named Inventor	Good D			
(use as many sheets as necessary)		Art Unit Examiner Name	1636			
Sheet	of	Attorney Docket Number	Taylor Oh			

			U.S. PATE	NT DOCUMENTS	
Examiner Initials		Document Number Number - Kind Code ² (# known	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
70		US. 4,024,175	05/17/1977	SATZINGER et. W.	rigures Appear
		US- 4,958,044	09/18/1990	METTLER 11	
		US- 5,091, 567	02125/1992		
		US-5,130, 455	07/14/1992	METTLEL 11	
<u> </u>		US-5, 132, 451	07/21/1992	Jennings 1.	
		US-			
		US-			
		US-		•	
		US-			

	FORI	EIGN	PATEN	T D	OCUMENTS		_
 	Foreign Patent Document Country Code 3 - Number 4 - Kind Code 5 (Finown)	Pub MM	lication Da	le ′	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T .
	WO 99/14/84	03	25/M	19	BRYANS et al.		
					•		F
			·				

(–		
Examiner	l _ .	
	Date	1 1/6/1
Signature	Considered	1 6/1/8/
	Considered	1 7 / 7 / 4 /

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the English language Translation is attached.

PTO/SB/08B (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE control number. control number.

Substitute fo	r form 1449B/PTO		Complete if Known				
INFORMATION DISCLOSURE			Application Number				
			Filing Date				
ISTATE	MENT BY A	First Named Inventor	Gonal	. D			
			Group Art Unit				
(use as many sheets as necessary)			Examiner Name				
Sheet	of		Attorney Docket Number				

		OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No. 1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		SCHMIDT, B. et al., In Anhierileptic Dines.	
<u> </u>		SCHMIDT, B. et al., In Antiepileptic Dings. LEVY et al. (Eds). Pavan Press. New York, 1985	
		1.925-935	3
_	2	PANDE, A.C. et al. J. Clin. Paychopharmack, 1999, 19, 341-845.	
		1999, 19, 341-845.	
		•	

- Francis				
Examiner	`)	/ ~	Date	
Signature	m	1/()5		6/2/6/
Cidilatore		_	Considered	_ '//////

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.